

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2007 NOV -1 AM 11:59

COMMITTEE NAME (Must be same as on Statement of Organization)

MEEKER FOR CITY COUNCIL

IMPORTANT: Indicate by # type of committee you are reporting for. 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Gene Meeker

Political Party (if applicable)

Office Sought

ALDERMAN AT LARGE

District (If Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Brian Curtis

SIGNATURE OF PERSON FILING REPORT

359-1565

TELEPHONE

30 Nov 2007

DATE SIGNED

I AM FILING A GENERAL ELECTION REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

6 Nov 2007

County & Local Committees, enter County in which Election is held

SEOTT

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

1544.32

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

6775.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

8319.32

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

7536.49

Schedule F: Loan Repayments total (Attach Schedule F)

782.83

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

\$

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

8982.80

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

MECKER FOR CITY COUNCIL

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/04/07	ID# CK#	THOMAS LAGOMARINO 3814 99 ST CT MOLINE, IL 61265		\$ 50	<input type="checkbox"/>
10/04/07	ID# CK#	TOM FREIBURGER 4226 E 58 ST DAVENPORT IA 52807		20	<input type="checkbox"/>
10/11/07	ID# CK#	WILLIAM BURGESS 5306 W11 DAVENPORT IA 52804		100	<input type="checkbox"/>
10/16/07	ID# CK#	KERRY J BEYER 2745 E 65 ST DAVENPORT IA 52807		100	<input type="checkbox"/>
10/17/07	ID# CK#	MICHAEL GUINICI MD 2712 E 40 ST DAVENPORT IA 52807		200	<input type="checkbox"/>
10/18/07	ID# CK#	DON BEDRELL 23 ROSEHILL TERRACE DAVENPORT IA 52803		100	<input type="checkbox"/>
10/18/07	ID# CK#	GARY MOHR 4755 SCHOOL HOUSE RD BETTENDORF IA 52722		50	<input type="checkbox"/>
10/18/07	ID# CK#	NICK HAUMAN 4703 EAST BURY ESTATE DR DAVENPORT IA 52807		50	<input type="checkbox"/>
10/18/07	ID# CK#	KENNETH KOPEL 15 EAGLE POINT PASS RAPID CITY IL 61278		100	<input type="checkbox"/>
10/26/07	ID# CK#	JANET TRIGSEL 9576 AMBER CT BETTENDORF IA 52722		25 100	<input type="checkbox"/>
SUB-TOTAL				795 200	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)MEEKER FOR CITY COUNCIL**SCHEDULE****A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/20/07	ID# CK#	DAN STROELMAN 1718 KIMBERLY DAVENPORT IA 52807		\$ 100	<input type="checkbox"/>
10/20/07	ID# CK#	JAMES & MICHELLE KROON 4026 JERSEY RIDGE RD DAVENPORT IA 52807		300	<input type="checkbox"/>
10/20/07	ID# CK#	KIRK WHALEN 1727 WESTMINSTER CIRCLE DAVENPORT IA 52807		50	<input type="checkbox"/>
10/20/07	ID# CK#	JOHN STAHRES 5917 EAGLE RIDGE RD BETTERDORF IA 52722		50	<input type="checkbox"/>
10/22/07	ID# CK#	THOMAS ROEDERER 2612 E 41 ST DAVENPORT IA 52807		200	<input type="checkbox"/>
10/23/07	ID# CK#	BARRON CURTIS 2119 - E 47 DAVENPORT IA 52807		200	<input type="checkbox"/>
10/25/07	ID# CK#	CASH FROM FUND RAISER		80	<input checked="" type="checkbox"/>
10/25/07	ID# CK#	CARL WERNER 25370 EAST VALLEY DR BETTERDORF IA 52722		100	<input type="checkbox"/>
10/25/07	ID# CK#	ROBERT MARTIN 3111 FERNWOOD DAVENPORT IA 52807		50	<input type="checkbox"/>
10/25/07	ID# CK#	LOXI HOPKINS 2721 E PLEASANT DAVENPORT IA 52803		25	<input type="checkbox"/>
SUB-TOTAL				\$ 1155	
TOTAL (If last page of this schedule)				\$	

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Page 2 of 4
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Meeker For City Council

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/25/07	ID# CK#	STEVE SCHALK 310 MAIN DAVENPORT, IA 52801		\$ 100	<input type="checkbox"/>
10/25/07	ID# CK#	ROBERT BUDDER 4212 JERSEY RIDGE RD DAVENPORT IA 52807		25	<input type="checkbox"/>
10/25/07	ID# CK#	ROBERT JACKSON 2305 WINDSOR CT DAVENPORT, IA 52807		100	<input type="checkbox"/>
10/25/07	ID# CK#	HOVEY TINSMAN 3541 E KIMBERLY RD DAVENPORT, IA 52807		100	<input type="checkbox"/>
10/25/07	ID# CK#	LINDA GREENLEE 815 MT VERNON DR DAVENPORT IA 52807		50	<input type="checkbox"/>
10/25/07	ID# CK#	GARY RITCHINSON 2808 E 59TH DAVENPORT IA 52807		75	<input type="checkbox"/>
10/25/07	ID# CK#	THOMAS WILLIAMS 404B E CI BLVD DAVENPORT, IA 52807		50	<input type="checkbox"/>
10/25/07	ID# CK#	DURNE TRUMAN 2214 E 48 ST DAVENPORT, IA 52807		50	<input type="checkbox"/>
10/25/07	ID# CK#	DON CHALLED 5 MC CLELLAN BLVD DAVENPORT, IA 52803		50	<input type="checkbox"/>
10/26/07	ID# CK# 1005	CITIZENS FOR BETTER DAVENPORT 2721 PLEASANT ST DAVENPORT, IA 52803		4,000	<input type="checkbox"/>
SUB-TOTAL				\$ 4,600	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 4
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)Meeker For City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/26/07	ID# CK#	WILLIAM WILKE 3547 DEER RIDGE CT BATTENDORE, IA 52722		\$ 100	<input type="checkbox"/>
10/26/07	ID# CK#	CHARLES SCHRADER 2321 WINDSOR CT DAVENPORT, IA 52807		25	<input type="checkbox"/>
10/27/07	ID# CK#	DAN BURKE 6107 LAKESHORE C2 DAVENPORT IA 52807		100	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 225	
TOTAL (if last page of this schedule)				\$ 4775	

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Page 4 of 4
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Meeker For City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/08/07	ID# CK#	NEW GROUND THEATER 1821 SUNSET DR BETTERDORF, IA 52722	RENT FOR MEETING ROOM	\$ 30.00
10/18/07	ID# CK#	BULLSEYE DIRECT MAIL 589 EAST 53 ST DAVENPORT IA 52807	ADDRESSING + MAILING	2097.00
10/20/07	ID# CK#	LINDA GREENLEE 815 MT VERNON DR DAVENPORT IA 52806	POSTAGE	52.00
10/27/07	ID# CK#	ON MEDIA 4950 - 38 AVE MOLINE IL 61245	TV ADVERTISING	3972.90
10/1-7/07	ID# CK#	GENE MEERER 2306 WINDSOR CT DAVENPORT, IA 52807	REIMBURSEMENT POSTAGE 218.80 OFFICE SUPPLIES 44.30 PRINTING 1136.56	1384.59
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 7536.99

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Meeker For City CouncilSCHEDULE
E
(Rev. 06/97)IN-KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/19/07	CITIZENS FOR A BETTER DAVENPORT 2721 E. PLEASANT DAVENPORT, IA 52803		10 Phone Call ^s	363.07	<input type="checkbox"/>
10/30/07	<SAME AS ABOVE>		MAILING	5433.26	<input type="checkbox"/>
10/30/07	<SAME AS ABOVE>		MAILING	3186.47	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (If last page of this schedule)				\$	8982.80

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)